

STATE OF TENNESSEE  
DEPARTMENT OF HEALTH



**REQUEST FOR APPLICATION # 34352-24121  
AMENDMENT # 1  
FOR HEALTHCARE SAFETY NET ADULT  
EMERGENCY DENTAL EXTRACTION, HYGIENIC  
CLEANING SERVICES WITH EDUCATIONAL  
COUNSELING AND GENERAL ORAL HEALTH  
SERVICES FOR UNINSURED ADULT TENNESSEANS  
AGES NINETEEN (19) THROUGH SIXTY-FOUR (64)  
YEARS OF AGE**

DATE: SEPTEMBER 25, 2020

RFA # 34352-24121 IS AMENDED AS FOLLOWS:

1. This RFA Schedule of Events updates and confirms scheduled RFA dates. Any event, time, or date containing revised or new text is highlighted.

EVENT	TIME (Central Time)	DATE (all dates are state business days)
1. RFA Issued		CONFIRMED
2. Written "Questions & Comments" Deadline	2:00 p.m.	CONFIRMED
3. State Response to Written "Questions & Comments"		September 25, 2020
4. Deadline for Applications	2:00 p.m.	October 8, 2020
5. Evaluation Notice Released		October 22, 2020
6. Effective Start Date of Contract		November 1, 2020

2. State responses to questions and comments in the table below amend and clarify this RFA.

Any restatement of RFA text in the Question/Comment column shall NOT be construed as a change in the actual wording of the RFA document.

QUESTION / COMMENT	STATE RESPONSE
1 Is this RFA 34352-24121 Healthcare Safety Net Adult Emergency Dental only for new applicants or do existing dental safety net recipients have to reapply?	This is a funding opportunity for <b>NEW</b> qualifying applicants <b>OR</b> existing currently contracted, Community Health Centers (FQHC) or Community & Faith-Based Uninsured Adult Health Care Safety-Net <b>Primary Care Providers</b> pursuing funding for a scope of service expansion to provide emergency

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	<p>dental and oral health care services that enhance access to care in the patient care service area.</p> <p><b>Existing</b> Uninsured Adult Health Care Safety Net providers currently contracted with the State of Tennessee to provide emergency dental services and hygienic cleanings <b>do not</b> need to “reapply” through this RFA to continue providing services in FY 21.</p>
<p>2 In the application we are asked to identify our main dental clinic and to list surrounding service area counties where patients are drawn. We have several dental clinics. Can we apply for more than one clinic or must we choose one location as our main site and have other sites refer patients to that location?</p>	<p>A Community Health Center, parent organization that operates satellite locations under the scope of the FQHC designation in a surrounding service area, should be the applicant. However; a Community &amp; Faith-Based main clinic location that operates an official health system network of satellite locations can apply and refer patients to the main clinic location <b>OR</b> more than one satellite location within the system can apply as an individual applicant to be a direct service provider caring for patients at that site.</p>
<p>3 What are you looking for in the requirement to send policies and procedures as an attachment? Just dental service policies and procedures? All the organization's policies and procedures? Just policies and procedures relating to serving uninsured adults needing dental services at no cost? Please clarify.</p>	<p>As indicated, follow instructions to upload policies or procedures directly associated with the specific service area, process or deliverable referenced in the question (s). <b>Do Not</b> upload the clinic's entire Policy &amp; Procedure Manual. Policies and procedures requested in question 21 for items 21.a. – 21.g. should only include specific policies that demonstrate the clinic has processes, systems and infrastructure in place to: (1) verify patient's uninsured status and; (2) mechanisms in place to collect data for the contract reporting requirements: register patients, schedule appointments, track and monitor dental visits to be able to comply with the contract quarterly service report and reconciliation report requirements which includes reporting quarterly and annual dental encounter numbers, unduplicated patient counts and related metrics.</p>
<p>4 Please explain what is meant by "ratio of dental encounters to unduplicated uninsured adults" on page 3 of the RFA, to be included as Attachment 1. Where is Attachment 1 in the application - is it a form? Do you want to know what our historical average visits per patient are? What exactly are you wanting – just assurance that we can see the patient at least 2 times? Please clarify.</p>	<p>Attachment 1 of the RFA is the Application. Question 18 provides metrics related to uninsured adult patient volumes in comparison to the total patient volume which provides an indication of service capacity associated with the ability to provide a medical home for uninsured adult patients.</p>
<p>5 What is wanted precisely in the requirement of letters of support from other healthcare providers, detailing services they provide for our center? Our FQHC provides all the</p>	<p>The intent is to demonstrate partnership and collaboration among health providers within the local community. This is also an opportunity for the applicant to demonstrate value and worth as it relates to satisfying a gap in access to emergency dental and</p>

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dental services listed in the RFA and we have a whole network of primary care and others within our system. Please explicitly clarify the exact nature of who should provide these letters on our behalf? What is the intent of this requirement?	oral health care services that may not be provided by other local community health partners. Request letters of support from community partners that rely upon you as a source for providing oral health services to uninsured adults. The letter should also include any specific support provided to the applicant, as applicable, in terms of patient referrals, resources, staffing, planning and development activities or coalition involvement. If none of the aforementioned apply, the letter should focus on supporting your application to received funding from the Uninsured Adult Health Care Safety-Net Program.
6 Are there any character or word limits on the online application where narrative is required? It does not indicate any.	There are no character or word limits; however, a concise response to the narrative questions is encouraged.
7 How much new funding is being added for the dental expansion state-wide? What can we expect on average to be reimbursed per uninsured patient? An estimate is fine.	Grantee payments are determined based upon a percentage payment distribution methodology rather than a flat fee per uninsured adult patient. Quarterly grantee payments are based on the number of grantee Dental Encounters, as a proportion of the total Dental Encounters performed of all dental grantees. The average reimbursement amount is associated with the aforementioned methodology.
8 We are the largest assistance provider to low income families in our county. We do provide dental to our clients-we pay for the services but send our clients to one of our 11 partnering local dentists. Can we apply for funds.	As referenced in the Grantee Service Contract under Section A. Scope of Service and Deliverables, the grantee is the direct provider of services. The contract does not contain a provision to allow reimbursement for referrals or to perform care coordination for oral health services.
9 The eligibility states: Operate as a free and charitable clinic and not-for-profit entity providing services in Tennessee, <b>and utilizing volunteers</b> (licensed health professionals and/or non-clinical support personnel) to deliver services, to uninsured adults in Tennessee ages 19-64;  If we are <b>not</b> utilizing volunteers are we ineligible to apply for this program?	This specific eligibility requirement only applies to a qualifying free and charitable, not-for-profit clinic that <b>is not</b> officially designated as a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC).  Otherwise, a free and charitable, not-for-profit entity should utilize a clinical or non-clinical volunteer(s) to meet the eligibility criteria.
10 In completing the application, there is no box to check if we are an FQHC. Do we check other and fill in the blank?	Refer to item 1.a. and select: Existing FQHC Safety - Net Provider – applying for Dental Service Expansion - to expand current scope of service to include oral health care Safety-Net services.

3. **RFA Amendment Effective Date.** The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFA not expressly amended herein shall remain in full force and effect.